

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

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BY: RC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lara Ricardo

1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

50th Assembly District

Your Position

Assembly Member

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ____/____/____, through December 31, 2010.

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ **Assuming Office:** Date ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ **Schedule A-1 - Investments** - schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☒ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☒ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or-

☐ **None - No reportable interests on any schedule**

herein and in any attached schedules is true and complete. I acknowledge this is a

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/1/11
(month, day, year)

Signature

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Ricardo Lara

► NAME OF SOURCE
John A. Perez for Assembly
 ADDRESS (Business Address Acceptable)
777 South Figueroa Street, Suite 4050, Los Angeles,
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 6 / 10</u>	<u>\$ 110.00</u>	<u>Leather Portfolio</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Wells Fargo
 ADDRESS (Business Address Acceptable)
400 Capitol Mall, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 22 / 10</u>	<u>\$ 102.11</u>	<u>Advance to Checking</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
GlaxoSmithKline
 ADDRESS (Business Address Acceptable)
400 Capitol Mall, 22nd Floor, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 19 / 10</u>	<u>\$ 96.35</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Chuckchansi Economic Development
 ADDRESS (Business Address Acceptable)
46575 Road 417, Bldg C, Coarsegold, CA 93614
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 15 / 10</u>	<u>\$ 150.00</u>	<u>Lodging (2)</u>
<u>1 / 15 / 10</u>	<u>\$ 200.00</u>	<u>Comedy Show (5)</u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Santa Ynez Band Chumash Indians
 ADDRESS (Business Address Acceptable)
100 Via Juana Lane, Santa Ynez, CA 93460
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Tribes

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 5 / 10</u>	<u>\$ 150.00</u>	<u>Dinner</u>
<u>8 / 5 / 10</u>	<u>\$ 55.00</u>	<u>Concert</u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Time Warner Cable
 ADDRESS (Business Address Acceptable)
550 N. Continental Blvd., Suite 250, El Segundo, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Cable Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 16 / 10</u>	<u>\$ 50.00</u>	<u>Lunch</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Ricardo Lara

► NAME OF SOURCE
Los Angeles Area Chamber of Commerce
 ADDRESS (Business Address Acceptable)
350 S. Bixel Street, Los Angeles, CA 90017
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 4 / 10</u>	\$ <u>140.58</u>	<u>Reception and Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
Tech America
 ADDRESS (Business Address Acceptable)
1415 L Street, Suite 1260, Sacramento 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 15 / 10</u>	\$ <u>100.00</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
Barona Band of Mission Indians
 ADDRESS (Business Address Acceptable)
1095 Barona Road, Lakeside, CA 92040
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tribes

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 16 / 10</u>	\$ <u>100.00</u>	<u>Lunch</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
Equality California
 ADDRESS (Business Address Acceptable)
2370 Market St., 2nd Floor, San Francisco, CA 9411
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 14 / 10</u>	\$ <u>150.00</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Ricardo Lara</u>

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

<p>► NAME OF SOURCE <u>National Association of Latino Elected and Appointed</u> ADDRESS (Business Address Acceptable) <u>1122 W. Washington Blvd., 3rd Floor</u> CITY AND STATE <u>Los Angeles, CA 90015</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>11 / 18 / 10</u> - <u>11 / 21 / 10</u> AMT: \$ <u>1064.40</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Hotel @ \$465.00 for 3 nights, Flight @ \$299.40 (round trip), Meals @ \$300.00 (\$100 per day/3 days)</u></p>	<p>► NAME OF SOURCE <u>American Israel Education Foundation</u> ADDRESS (Business Address Acceptable) <u>440 First St., NW Suite 607</u> CITY AND STATE <u>Washington, DC 20001</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <u>7 / 24 / 10</u> - <u>8 / 1 / 10</u> AMT: \$ <u>\$8,254.09</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Airfare, Hotel, and meals.</u></p>
<p>► NAME OF SOURCE _____ ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>	<p>► NAME OF SOURCE _____ ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>

Comments: _____